

This is the Last Will & Testament of _____
Full Names

made this _____ day of _____ 2019.

PRELIMINARY DECLARATIONS

1. I, _____
Title First Name Middle Name Surname

Of _____
Full Residential Address

_____ State, Nigeria, born on the _____ of _____, _____
Day Month Year

and being of sound mind and body hereby revoke all previous Wills, Codicils and other testamentary dispositions made by me and therefore declare this Will to be **MY LAST WILL & TESTAMENT**.

2. I hereby appoint **FCMB TRUSTEES LIMITED** a private Limited liability company incorporated and registered in Nigeria, with business address as 17a. Tinubu Street, Lagos Island, Lagos State, to be the **TRUSTEE** and **EXECUTOR** of my Will.

In this Will:

- (a) the term "Estate" refers to my pension benefits and /or all entitlements due from my employer as well as proceeds realised from my personal bank accounts.
- (b) The term "Children" refers to my blood descendants and no other person(s) shall receive and benefit under this Will under their appellation.
- (c) The term "My Executors" shall include my executors for the time being and their successors and assignees.

3. **Bank Accounts**

I declare that I own and/or operate the following bank accounts (BVN number –). I hereby give the cumulative proceeds to the persons(s) listed hereunder and such proceeds shall fall part of the Estate to be distributed in the proportions indicated against their respective names with particulars of which are set forth in the schedule below;

S/N	Bank Name	Bank Account Name	Bank Account No.	Branch	Account Type
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____

(Please note that my wishes shall apply to my personal bank accounts and /or business bank accounts held in my personal capacity).

Bank Accounts Percentage sharing

S/N	Full Names of Beneficiary (ies) and Relationship	Address of Beneficiaries	Mother's full names	Percentage
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

(Total Percentage sharing must be equal to 100%)

4. Pension and Employment Benefits

RSA No.: PEN

PENSION FUND ADMINISTRATOR: _____

I hereby bequeath to the person(s) listed hereunder in the proportions indicated against their respective names all pension benefits due from my employer by virtue of the provisions of the Pension Reform Act 2014 as well as any entitlements due from my employer for my benefit.

Pension and Employment Benefits Percentage sharing

S/N	Full Names of Beneficiary (ies) and Relationship	Address of Beneficiaries	Percentage	Other Comment (If any)
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

(Total Percentage sharing must be equal to 100%)

- I appoint FCMB Trustees Limited as Trustee to this my Will in respect of any of my beneficiaries who are yet to attain the age of 18 and above at the time of my demise.
- I direct my Trustees to utilize the entitlements due to my minor beneficiaries in the proportion stated by me above strictly for the welfare of my minor beneficiaries until they each attain the age of 18 years and above or upon completion of their education, whereupon the residues shall then revert to each beneficiary respectively in the proportion to which they are entitled under this my Will.

7. It is my desire that my Trustee should invest any sum not immediately in use in an interest yielding instrument.
8. In the event that any of my children become deceased before receiving his/her benefits under this Will, such benefits shall be distributed among their children per stripes and if there are no children, such benefits shall be equally distributed among my living Beneficiaries.
9. That the costs, charges and fees whatsoever required to prove and administer this my Will, as well as all other pecuniary liabilities that may arise in course of administering my Will (hereinafter referred to as the "Fees") shall borne by my Estate. The Executors are hereby mandated to deduct the charges from the Estate before paying same over to the beneficiaries in the proportions stated herein.
10. Upon the payment of all Charges required to prove and administer my Will, I hereby devise and bestow the residue of all Estate which are specifically disposed under this Will or by any amendment hereto to the beneficiaries listed in clause 3 above, in equal proportions.
11. I hereby undertake and declare that all the statements made above and overleaf are true and correct and that I have not withheld any material information. I also agree to give notice to FCMB TRUSTEES LIMITED in the event of any change in the information given.

IN WITNESS WHEREOF the TESTATOR has executed this, Will on _____ *Day* **of** _____ *Month* **,** _____ *Year*

SIGNED by the above-named **TESTATOR/ TESTATRIX** _____
Signature of the Testator / Testatrix

In our presence and attested by us in the presence of him and of each other as Witnesses:

1ST WITNESS

Name: _____

Address: _____

Occupation: _____

Mobile no: _____

Signature: _____

2ND WITNESS

Name: _____

Address: _____

Occupation: _____

Mobile no: _____

Signature _____



AFFIX ONE
LATEST
PASSPORT

SIMPLE CLASSIC WILL ON BOARDING FORM

PERSONAL DATA

FULL NAME: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

GENDER: MALE FEMALE DATE OF BIRTH (DD/MM/YYYY): _____

STATE OF ORIGIN: _____ NATIONALITY: _____

SPOUSE NAME (IF APPLICABLE) _____

MOBILE PHONE _____ HOME PHONE _____

MEANS OF IDENTIFICATION: International Passport Driver's License National ID Card INEC Voter's Card

ID Number: _____ Issue Date: _____ Expiry Date _____ Place of Issue _____

RSA No.: PEN

PENSION FUND ADMINISTRATOR: _____

NEXT OF KIN (For emergency and contact purpose only and need not be beneficiary)

NAME: _____ MOTHER'S MAIDEN NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

EMPLOYMENT DETAILS

EMPLOYMENT STATUS: EMPLOYED SELF-EMPLOYED RETIRED UNEMPLOYED

EMPLOYER _____

EMPLOYER'S ADDRESS: _____ OFFICE PHONE: _____

HUMAN RESOURCES CONTACT

NAME OF COMPANY: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS _____

CERTIFICATION

I, _____ certify that the information provided is complete and correct.

DD MMM YYYY

Signature

Date

KYC DOCUMENTS

Documents Required:

- A valid copy of Means of Identification of Testator.
- Two Passport Photographs of the Testator.
- The Sighted copy of proof of residential address of the Testator(s) (individual or joint).
- The Sighted copy of the valid residence permit of a resident non-Nigerian Testator.

- ✓ *If you choose to have your Will registered at the Probate Registry, an additional cost of N10,000.00(Ten thousand Naira Only) will be paid by the Testator for this purpose.*
- ✓ *Please ensure updates are carried out with FCMB Trustees Limited whenever there is a change in any of the information provided in this form.*
- ✓ *Kindly ensure that KYC documents are submitted together with the completed form.*